



DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS Ingrid Diamond/ James Moorhead		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/ Stacy Martin		
(If applicable) Department Reference #:		ADS-22-9307A		
Amount: (Contract/Amendment/Grant)		Amend A: \$ 153,908.00 Total: \$ 1,409,933.00	Advantage CT / RQS #:	CT 10A 2021092100000000752
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2021	Effective Date:	10/01/2021
	Previous End Date:	09/30/2022	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Long Term Care Ombudsman Program Augusta, Maine		
Brief Description of Goods/Services/Grant:		Long Term Care Ombudsman Services; complex case transition services		
PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)				
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant	
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed	
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed	
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified	
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice	
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization	

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The services provided under this Agreement are intended to help Consumers and potential Consumers of long-term care services protect their health, safety, welfare, and rights and assure their quality of care and quality of life. The Maine Long-Term Care Ombudsman Program is the state-wide Office designated by the State of Maine to carry out the long-term care ombudsman program specified in 22 M.R.S. §§ 5106 (11-C) and 5107-A, and in accordance with the following federal statutes and rules:

Title III and Title VII of the Older Americans Act, 42 U.S.C. ch. 35; Title XIX of the Social Security Act, 42 U.S.C. ch. 7; Federal Nursing Home Reform Act (OBRA '87); 42 C.F.R. Parts 1321 and 1327.

The Provider shall comply with all the above State and Federal requirements in carrying out duties pursuant to this Agreement.

The Purpose of this agreement is to add funds to support additional services realized by the provider post-COVID.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Maine statute requires the Department to "Support and maintain a long-term care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42 United States Code, as amended, by agreement with such nonprofit organization as the department finds best able to provide the services" (22 MRSA §5106 (11-C)). There are no resources available within State of Maine government or other governmental entities able to address the identified need more efficiently and effectively than the identified vendor.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these services is considered fair and reasonable when compared to previous Department negotiated and approved Provider budgets for these services. This provider plays a unique role providing guidance to and assisting with placement at Long-Term Care Facilities during the pandemic.

4. Describe the plan for future competition for the goods or services.

The Department anticipates issuing Request for Proposal (RFP) OADS20211, for a 10/01/2022 contract start date.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

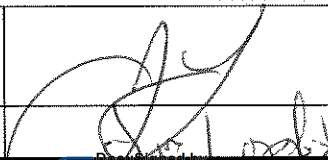
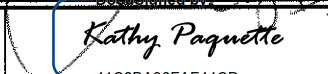
Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☒ No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 27 June 22
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 6/30/2022